

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: University of North Carolina at
Wilmington

**Alternative Name(s) of Service Provider (including all names under
which the service provider is doing business:** _____

Address of Service Provider: 601 South College Road

Name of Agent Designated to Receive Notification of Infringement: _____
Michael E. Sheehan

Full Address of Designated Agent to which Notification Should be Sent
(a P.O. Box or similar designation is not acceptable except where it is the only address
that can be used in the geographic location):

UNC Wilmington 601 S. College Road HO 203 C
Wilmington N.C. 28403

Telephone Number of Designated Agent: 910.962.3047

Facsimile Number of Designated Agent: 910.962.4197

Email Address of Designated Agent: msheehan@uncw.edu

**Signature of Officer or Representative of the Designating Service
Provider:** _____

Date: 27 June 2003

Typed or Printed Name and Title: Michael E. Sheehan
Information Security Officer

**Note: This Interim Designation Must be Accompanied by a \$30 Filing
Fee Made Payable to the Register of Copyrights.**

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RECEIVED

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